



QUARTERLY STATEMENT
AS OF March 31, 2010
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
TOM DONALDSON	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL TOM DONALDSON KEVIN TOMPKINS PATRICK HAYES	DON KOOY RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ
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State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2010	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	8,532,717		8,532,717	8,283,788
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	3,103,895		3,103,895	3,152,449
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....104,654,138), cash equivalents (\$.....0) and short-term investments (\$.....1,216,418)	105,870,556		105,870,556	93,335,132
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Aggregate write-ins for invested assets	367,192	278,047	89,145	85,964
11.	Subtotals, cash and invested assets (Lines 1 to 10)	117,874,360	278,047	117,596,313	104,857,333
12.	Title plants less \$.....0 charged off (for Title insurers only)				
13.	Investment income due and accrued	54,069		54,069	18,598
14.	Premiums and considerations:				
14.1	Uncollected premiums and agents' balances in the course of collection	244,354		244,354	421,837
14.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
14.3	Accrued retrospective premiums				
15.	Reinsurance:				
15.1	Amounts recoverable from reinsurers	177,439		177,439	249,054
15.2	Funds held by or deposited with reinsured companies				
15.3	Other amounts receivable under reinsurance contracts				
16.	Amounts receivable relating to uninsured plans				
17.1	Current federal and foreign income tax recoverable and interest thereon				
17.2	Net deferred tax asset				
18.	Guaranty funds receivable or on deposit				
19.	Electronic data processing equipment and software	111,366	27,064	84,301	85,552
20.	Furniture and equipment, including health care delivery assets (\$.....0)	408,864	408,864		
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Receivables from parent, subsidiaries and affiliates	1,111,662	12,484	1,099,178	728,530
23.	Health care (\$.....3,544,504) and other amounts receivable	3,547,284		3,547,284	3,923,864
24.	Aggregate write-ins for other than invested assets				
25.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	123,529,397	726,459	122,802,938	110,284,769
26.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
27.	Total (Lines 25 and 26)	123,529,397	726,459	122,802,938	110,284,769
DETAILS OF WRITE-INS					
1001.	INVENTORY	26,074	26,074		
1002.	DEFERRED CHARGES EQUIP FEES	5,493	5,493		
1003.	PREPAID EXPENSES	158,790	158,790		
1098.	Summary of remaining write-ins for Line 10 from overflow page	176,835	87,690	89,145	85,964
1099.	TOTALS (Lines 1001 through 1003 plus 1098) (Line 10 above)	367,192	278,047	89,145	85,964
2401.	.....			
2402.	.....			
2403.	.....			
2498.	Summary of remaining write-ins for Line 24 from overflow page				
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	41,048,326		41,048,326	32,640,159
2.	Accrued medical incentive pool and bonus amounts	4,431,493		4,431,493	3,700,223
3.	Unpaid claims adjustment expenses	579,796		579,796	579,796
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	196,236		196,236	196,236
9.	General expenses due or accrued	1,523,015		1,523,015	1,972,668
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	107,536		107,536	49,737
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,277,075		1,277,075	910,354
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans				
22.	Aggregate write-ins for other liabilities (including \$.....0 current)	413,043		413,043	413,043
23.	Total liabilities (Lines 1 to 22)	49,576,522		49,576,522	40,462,217
24.	Aggregate write-ins for special surplus funds	X X X	X X X		
25.	Common capital stock	X X X	X X X		
26.	Preferred capital stock	X X X	X X X		
27.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
28.	Surplus notes	X X X	X X X		
29.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
30.	Unassigned funds (surplus)	X X X	X X X	72,086,416	68,682,552
31.	Less treasury stock, at cost:				
	31.1 .....0 shares common (value included in Line 25 \$.....0)	X X X	X X X		
	31.2 .....0 shares preferred (value included in Line 26 \$.....0)	X X X	X X X		
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)	X X X	X X X	73,226,416	69,822,552
33.	Total Liabilities, capital and surplus (Lines 23 and 32)	X X X	X X X	122,802,938	110,284,769
DETAILS OF WRITE-INS					
2201.	PAYABLE FOR QAAP	55,485		55,485	55,485
2202.	ACCRUED PENSION	357,558		357,558	357,558
2203.	.....			
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	413,043		413,043	413,043
2401.	.....	X X X	X X X		
2402.	.....	X X X	X X X		
2403.	.....	X X X	X X X		
2498.	Summary of remaining write-ins for Line 24 from overflow page	X X X	X X X		
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	X X X	X X X		
2901.	.....	X X X	X X X		
2902.	.....	X X X	X X X		
2903.	.....	X X X	X X X		
2998.	Summary of remaining write-ins for Line 29 from overflow page	X X X	X X X		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	263,014	222,565	949,132
2.	Net premium income (including \$.....0 non-health premium income)	X X X	76,512,275	60,627,164	270,892,395
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(208,289)	(3,745,378)	(4,125,406)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	76,303,986	56,881,786	266,766,990
Hospital and Medical:					
9.	Hospital/medical benefits		53,409,616	40,044,004	186,605,978
10.	Other professional services		617,540	599,374	2,722,350
11.	Outside referrals				
12.	Emergency room and out-of-area		3,058,484	2,461,453	13,509,831
13.	Prescription drugs		7,930,446	6,932,176	27,208,906
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		754,399	792,981	3,605,311
16.	Subtotal (Lines 9 to 15)		65,770,486	50,829,987	233,652,377
Less:					
17.	Net reinsurance recoveries		18,703	10,000	708,136
18.	Total hospital and medical (Lines 16 minus 17)		65,751,783	50,819,987	232,944,241
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....128,923 cost containment expenses		644,614	624,390	2,206,229
21.	General administrative expenses		6,757,972	1,977,235	19,880,364
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		73,154,369	53,421,613	255,030,834
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	3,149,617	3,460,173	11,736,156
25.	Net investment income earned		(81,915)	104,786	(8,238)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		(272)	846	(157,593)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(82,188)	105,632	(165,831)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	3,067,430	3,565,805	11,570,325
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	3,067,430	3,565,805	11,570,325
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	104,612	2,834	14,692
0602.	QAAP TAX	X X X		(3,346,668)	(3,072,907)
0603.	MPCA	X X X	(312,901)	(401,545)	(1,067,190)
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(208,289)	(3,745,378)	(4,125,406)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	69,822,552	56,953,641	56,953,641
34.	Net income or (loss) from Line 32	3,067,430	3,565,805	11,570,325
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	120,781	(179,054)	957,356
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	215,654	385,121	413,060
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus		(53,282)	(71,830)
48.	Net change in capital and surplus (Lines 34 to 47)	3,403,864	3,718,589	12,868,911
49.	Capital and surplus end of reporting period (Line 33 plus 48)	73,226,416	60,672,230	69,822,552
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST		(53,282)	(71,830)
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(53,282)	(71,830)

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	76,689,759	60,212,953	269,748,002
2.	Net investment income	(117,386)	137,575	93,998
3.	Miscellaneous income	(192,383)	(3,749,447)	(4,127,253)
4.	Total (Lines 1 to 3)	76,379,990	56,601,081	265,714,748
5.	Benefit and loss related payments	56,180,057	45,436,422	224,547,758
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	7,852,238	2,374,270	21,495,404
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			20,733
10.	Total (Lines 5 through 9)	64,032,296	47,810,692	246,063,894
11.	Net cash from operations (Line 4 minus Line 10)	12,347,694	8,790,389	19,650,853
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks	2,000	187,842	633,551
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds	137,522	296,972	783,357
12.8	Total investment proceeds (Lines 12.1 to 12.7)	139,522	484,814	1,416,908
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks	35,781	234,165	838,564
13.3	Mortgage loans			
13.4	Real estate	5,949		699,439
13.5	Other invested assets			
13.6	Miscellaneous applications			685
13.7	Total investments acquired (Lines 13.1 to 13.6)	41,730	234,165	1,538,687
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	97,792	250,649	(121,779)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	89,939	563,815	(733,206)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	89,939	563,815	(733,206)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	12,535,424	9,604,853	18,795,868
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	93,335,132	74,539,264	74,539,264
19.2	End of period (Line 18 plus Line 19.1)	105,870,556	84,144,117	93,335,132
Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:				
20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	86,878	27	10,533						76,318	
2. First Quarter	88,106	25	10,904						77,177	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	263,014	67	32,715						230,232	
Total Member Ambulatory Encounters for Period:										
7. Physician	169,745	39	19,077						150,629	
8. Non-Physician	34,835	7	3,264						31,564	
9. Total	204,580	46	22,341						182,193	
10. Hospital Patient Days Incurred	206,560		5,003						201,557	
11. Number of Inpatient Admissions	23,597		1,473						22,124	
12. Health Premiums Written (a)	76,809,823	26,106	10,415,098						66,368,619	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	76,809,823	26,106	10,415,098						66,368,619	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	139,440,269	63,492	22,030,892						117,345,885	
18. Amount Incurred for Provision of Health Care Services	65,751,783	23,138	9,230,947						56,497,698	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
CHILDREN'S HOSPITAL			213,281			213,281
SPARROW HOSPITAL			13,162			13,162
SPARROW HOSPITAL	10,905					10,905
SPARROW HOSPITAL	18,155					18,155
COVENANT MEDICAL CEN	16,641					16,641
COVENANT MEDICAL CEN	22,763					22,763
COVENANT MEDICAL CEN	23,774					23,774
COVENANT MEDICAL CEN	28,944					28,944
HURLEY MEDICAL CENTE	16,042					16,042
HURLEY MEDICAL CENTE	16,485					16,485
HURLEY MEDICAL CENTE	17,901					17,901
HURLEY MEDICAL CENTE	36,423					36,423
HURLEY MEDICAL CENTE	53,341					53,341
0199999 Individually Listed Claims Unpaid	261,374		226,443			487,817
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	13,336,604	16,646	10,465	593	4,865	13,369,173
0499999 Subtotals	13,597,978	16,646	236,908	593	4,865	13,856,990
0599999 Unreported claims and other claim reserves						27,191,336
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						41,048,326
0899999 Accrued Medical Incentive Pool And Bonus Amounts						4,431,493

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
1.	Comprehensive (hospital & medical)	2,907,307	5,140,330	2,936,574	4,059,844	5,843,881	5,843,881
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	19,637,306	28,927,404	4,802,194	29,249,713	24,439,500	26,796,279
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	22,544,613	34,067,734	7,738,768	33,309,557	30,283,381	32,640,160
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts			3,700,223	731,270	3,700,223	3,700,223
13.	Totals	22,544,613	34,067,734	11,438,991	34,040,827	33,983,604	36,340,383

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
Mar 31, 2010

- 1. Summary of Significant Accounting Policies
No Change

- 2. Accounting Changes and Corrections of Errors
No Change

- 3. Business Combinations and Goodwill
No Change

- 4. Discontinued Operations
No Change

- 5. Investments
No Change

- 6. Joint Ventures, Partnerships and Limited Liability Companies
No Change

- 7. Investment Income
No Change

- 8. Derivative Investments
No Change

- 9. Income Taxes
No Change

- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. No Change
 - B. No Change
 - C. No Change
 - D. Due from Affiliates: \$1,099,178: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: \$1,277,075: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
 - E. Guarantees or undertakings: No Change
 - F. Management Agreements between:
 - 1) McLaren Health Plan and McLaren Health Care Corporation: McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan: \$285,796 Jan-Mar 2010

 - 2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: \$ 1,751 Jan-Mar 2010

 - 3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: \$ 40,870 Jan-Mar 2010

Notes to Financial Statement

- 4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HAI: \$1,086,201 Jan-Mar 2010

- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

- 11. Debt
No Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
- 13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

No Change
- 14. Contingencies

No Change
- 15. Leases
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
- 20. Other Items
No Change
- 21. Events Subsequent
No Change
- 22. Reinsurance

No Change
- 23. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change
- 24. Change in Incurred Claims and Claim Adjustment Expenses
No Change

Notes to Financial Statement

25. Intercompany Pooling Arrangements
 No Change
26. Structured Settlements
 No Change
27. Health Care Receivables
 A. Pharmaceutical Rebate Receivables

<u>Quarter</u>	<u>Estimated Rebate</u>	<u>Confirmed</u>	<u>90days</u>	<u>91-180 days</u>	<u>>180 days</u>	<u>total received</u>
12/31/2009						-
9/30/2009						-
6/30/2009	\$ -			\$77,088.53	\$ -	77,088.53
3/31/2009	\$ -				\$ 86,699.80	86,699.80
12/31/2008	\$ 18,011.00	\$ 18,011.00		\$22,833.02	\$ 91,475.11	114,308.13
9/30/2008	\$ -			\$88,571.81	\$ 13,306.26	101,878.07
6/30/2008	\$ -			\$78,368.82	\$ 12,974.43	91,343.25
3/31/2008	\$ -			\$10,032.27	\$ 75,484.12	85,516.39
12/31/2007	\$ -		\$ -	\$ -	\$ 84,400.59	84,400.59
9/30/2007	\$ 36,412.00	\$ 36,412.00	\$ -	\$ -	\$ 47,499.22	47,499.22
6/30/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$ 46,548.41	46,548.41
3/31/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$104,715.82	104,715.82
12/31/2006	\$ 395,493.00	\$395,493.00	\$73,449.18	\$ -	\$ 85,502.04	158,951.22
9/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 77,499.75	77,499.75
6/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$163,996.58	163,996.58
3/31/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$147,857.88	147,857.88
12/31/2005	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 71,717.77	71,717.77
9/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$128,389.28	128,389.28
6/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$122,950.04	122,950.04
3/31/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$116,248.63	116,248.63

B. Risk Sharing Receivables - No Change

28. Participating Policies
 No Change
29. Premium Deficiency Reserves
 No Change
30. Anticipated Salvage and Subrogation
 No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[] No[X]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2007.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....10/28/2008.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....10/28/2008.....
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....339,452

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock	724,185	724,185
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	724,185	724,185
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]
- If no, attach a description with this statement.
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]
- 16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]
- 17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	93%
1.2 A&H cost containment percent	17%
1.3 A&H expense percent excluding cost containment expenses	91%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728 .....	..... 01/01/2010	ACE AMER INS CO	PHILADELPHIA .....	..... SSL/L/I .....	..... Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	10,441,204		66,368,619				76,809,823	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	10,441,204		66,368,619				76,809,823	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a) 1	10,441,204		66,368,619				76,809,823	

DETAILS OF WRITE-INS

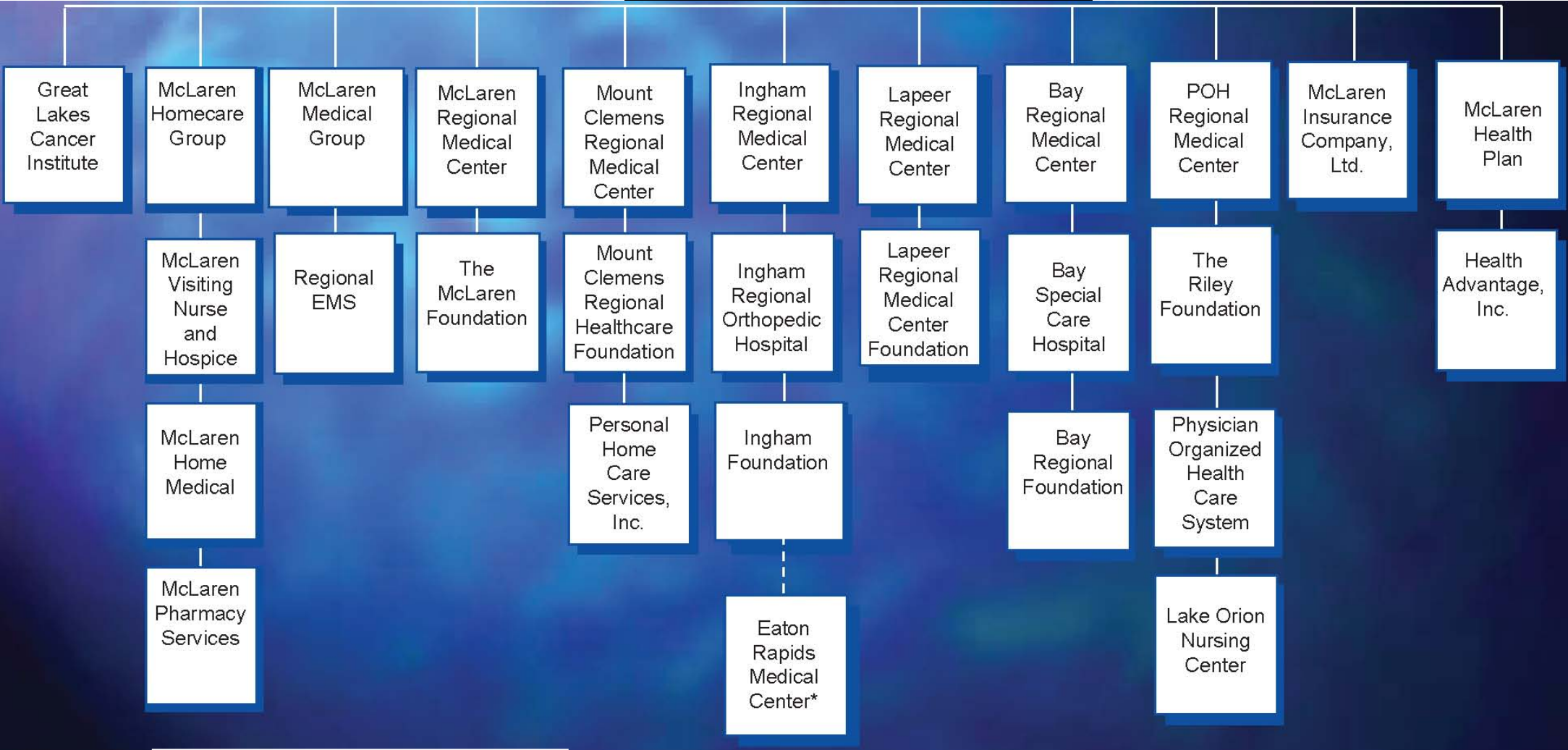
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



*Non Asset Merger
Affiliation Only

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1004. SELF INS TRUST FUND	65,258		65,258	61,988
1005. OTHER INVESTMENT DEFERRED COMPENSATION	23,887		23,887	23,976
1006. INTANGIBLE ASSET - PHP	87,690	87,690		
1097. Summary of remaining write-ins for Line 10 (Lines 1004 through 1096)	176,835	87,690	89,145	85,964

STATEMENT AS OF **March 31, 2010** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,152,449	2,642,756
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	5,949	699,439
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	54,503	189,746
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	3,103,895	3,152,449
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	3,103,895	3,152,449

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest poin		
9. Total foreign exchange change in book value/recorded inve		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	8,378,427	7,372,967
2. Cost of bonds and stocks acquired	35,781	838,564
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	120,781	957,355
5. Total gain (loss) on disposals	(272)	(156,908)
6. Deduct consideration for bonds and stocks disposed of	2,000	633,551
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	8,532,717	8,378,427
11. Deduct total nonadmitted amounts		94,639
12. Statement value at end of current period (Line 10 minus Line 11)	8,532,717	8,283,788

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	1,216,261	157			1,216,418			1,216,261
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	1,216,261	157			1,216,418			1,216,261
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,216,261	157			1,216,418			1,216,261

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QSI02

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	1,216,418	X X X	1,216,418	157	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,216,261	1,211,192
2.	Cost of short-term investments acquired	158	5,069
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,216,418	1,216,261
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,216,418	1,216,261

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
BUILDING IMPROVEMENTS - G3245 BEECHER RD - OCCUPIED BY COMPANY	FLINT	MI						5,949
0199999 Subtotal - Acquired by Purchase								5,949
0399999 Totals								5,949

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
							N O N E												
0399999 Totals

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stock - Mutual Funds									
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		01/04/2010	JPMORGAN	1,192.332	12,937	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		02/01/2010	JPMORGAN	1,092.425	11,929	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		03/01/2010	JPMORGAN	999.532	10,915	X X X		L
9299999	Subtotal - Common Stock - Mutual Funds				X X X	35,781	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	35,781	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	35,781	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	35,781	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	35,781	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stock - Mutual Funds																					
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		01/15/2010	VARIOUS	25.553	667	XXX	747							747		(80)	(80)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		02/17/2010	VARIOUS	26.752	667	XXX	782							782		(115)	(115)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		03/16/2010	VARIOUS	25.416	667	XXX	743							743		(76)	(76)		XXX	L
9299999	Subtotal - Common Stock - Mutual Funds				XXX	2,000	XXX	2,272							2,272		(272)	(272)		XXX	XXX
9799997	Subtotal - Common Stocks - Part 4				XXX	2,000	XXX	2,272							2,272		(272)	(272)		XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	2,000	XXX	2,272							2,272		(272)	(272)		XXX	XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	2,000	XXX	2,272							2,272		(272)	(272)		XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	2,000	XXX	2,272							2,272		(272)	(272)		XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	03/31/2010		0.000	9,935	1,674	97,373,597	100,551,408	104,654,138	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	9,935	1,674	97,373,597	100,551,408	104,654,138	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	9,935	1,674	97,373,597	100,551,408	104,654,138	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	9,935	1,674	97,373,597	100,551,408	104,654,138	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents



MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
For the Quarter Ended March 31, 2010

NAIC Group Code: 0000

NAIC Company Code: 95848

		Individual Coverage		Group Coverage		5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums		X X X		X X X	X X X
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims	NONE				
	Paid Net of Reimbursements Applied (a)			X X X		
6.	Aggregate Policy Reserves - change				X X X	X X X
7.	Expenses Paid				X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

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